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MENTAL HEALTH

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MENTAL HEALTH

EDITOR: R. F. TREDGOLD, M.D., D.P.M.



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Editorial

THE CHURCH AND MENTAL HEALTH

Many readers will have been present at the opening session of the Annual Conference when the Archbishop of Canterbury spoke of the need for closer co-operation between church and medicine.

It is a sad indication of the gulf between the church and medicine that some surprise had originally been expressed at the "novel" suggestion of inviting the Primate to open the Conference; and it may be of value to reflect on how this gulf has been caused, and what can be done from our side to follow the Archbishop's lead in trying to fill it.

Some of the earliest records of medicine described Hippocrates' practice as being carried out in a temple, appearing to the patients as a representative of a god, if not a god himself; ideas about psychological medicine have no doubt changed a great deal since then, but so have ideas about religion. In the early middle ages the church's representatives were foremost in providing medical services, and some of the greatest of our modern medical institutions trace a direct descent from these. But there was a period in the late middle-ages when independent scientific enquiry was frowned upon by the church as subversive of discipline and sometimes blasphemous, and leading scientists were severely persecuted. There has also been a tendency among physicians and particularly those in their younger days, to limit themselves to the materialistic side of their work, and to disregard the intangible and invisible; so much so that even now much of psychological medicine is either disregarded in this way or only grudgingly accepted; consequently an attitude of suspicion and sometimes hostility has grown up between doctors who regard the clergy as impractical visionaries, and clergy who regard doctors as atheistic materialists.

If mental health workers, whatever their discipline, are prepared to admit that it is what the patient thinks that influences his behaviour and health, they can scarcely deny that his beliefs are of some professional interest to themselves and that those who are also professionally interested in these beliefs are, or should be, their colleagues. On paper it is possible to separate the mind from the spirit, but probably nowhere else. Collaboration is therefore essential between the clergy and all concerned in mental health.

Doctors also are often hindered by their own variety of faith from helping a patient who lacks it, but they are all the same reluctant to seek the aid of the clergy. On the other hand they would not hesitate to condemn the shortsightedness of clergy who try to treat psychiatric problems unaided.

It is possible that doctors and clergy often disagree because they are too much alike in their tendency to dogmatic utterance; and expect their hearers to acquiesce without question in ritual phrases from pulpit or bedside. It would do neither any harm to have to justify their views in answer to questions from congregation or patient. The Archbishop warned us of the danger of loose thinking and loose phrases, and this must be applied to our assessment of our own work, and our views on that of others.

Elsewhere we have stressed the need to restrict our claims of authority to the extent allowed by our training and this must still be remembered. But it also behoves us to understand what our colleagues' training consists of, and for what they are best fitted, and in what part of our work they can best help us. We must be prepared to set aside our prejudices, and so soften theirs. We must make allowances for the legacy of suspicion from the past.

The Colony and the Young High-Grade Mental Defective

By H. C. GÜNZBURG, B.A., D.Phil.

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The population of a colony for mental defectives harbours such a variety of different types that an ordinary observer begins to wonder how it is possible to classify them all under the same heading. At one extreme we find the helpless, speechless and thoughtless idiot, who is evidently in need of constant assistance and at the other extreme a well-mannered and normal looking individual who expresses himself with ease and skill and who appears to score highly above many uncouth labourers outside the colony. His behaviour and appearance are, however, deceiving and he very likely turns out to be an illiterate and to have in the vast majority of cases subnormal mental capacity. However, neither his illiteracy nor his low mental efficiency would justify his detention in an institution were it not for his apparent inability to look after himself and to keep out of trouble. Thus, not intellectual inferiority by itself but only its combination with social inefficiency, lead to the internment of high-grade mental defectives, who might, but for their mental instability, be useful members of society.

It is still not quite clear why one feeble-minded person should succeed in society and be no trouble to social agencies, whilst the other has to be kept constantly behind institution walls. However, it has increasingly been recognized in recent years that emotional maladjustment plays a great, if not decisive part in the feeble-minded person's failure in society and that intellectual inferiority should be considered only an aggravating factor in many cases. Whilst intellectual inferiority is held to be irremediable, maladjustment is definitely often accessible to treatment, though success or failure may largely depend on the intellectual factor.

Considering, therefore, the problem of the young high-grade defective as one of treatment of maladjustment rather than one of custodial care, new avenues of research and therapy open up. If we are able to treat that maladjustment successfully, the "turnover" of patients in a colony may be considerably increased above the present level, because we shall then achieve earlier and more lasting successes, and the colony will then approximate more nearly to

the function of a "mental hospital" aiming at rehabilitation of the patient than is the case at present.

The question arises how far the average present-day colony can assist in the first exploratory steps and whether the "colony idea" is capable of such organizational alterations as may prove necessary for a specially designed therapeutic programme for only a limited proportion of the institution population. There is little doubt that a colony which has originally been conceived as an autonomous and fundamentally stable community for patients whose mental condition is unalterable, is not able to assist actively in the treatment of problems presented by a potentially fluid population, unless some drastic changes in attitude and practical issues take place. Some points relating to this problem complex are indicated in the following, but it is obvious that the approach is incomplete and largely determined by the present writer's particular sphere of work. The practical execution of a broad therapeutic programme will necessitate the close collaboration of all workers in this field, particularly of psychiatrist, clinical psychologist and psychiatric social worker.

The Adolescent and the Colony

The colony for mental defectives is, besides serving as a shelter for the low-grade permanent population, also a place of detention where troublesome high-grade feeble-minded persons are segregated from the community in the hope that they will learn there the lesson which will permit their return to society. The "rehabilitation policy" pursued in the colony is essentially neutral because the colony provides only the framework of a regulated organization in which the prospective licensee may hibernate and "cool off", passing the troubled years of adolescence until he has gained a more mature and settled attitude to life. Whether and to what degree institutionalization is instrumental in bringing about final success is difficult to determine at present, nor do we know the particular set of circumstances which could be made responsible for failure. It is, however,

obvious that the needs of emotional maladjustment have not been recognized by the organization of the colony nor in training of institution staff, and life in the institution is, therefore, adjusted to the requirements of intellectual subnormality only. It is difficult to imagine the present type of institution life contributing substantially to a lasting emotional stabilization of a high-grade defective.

Many of the high-grade defectives had worked and enjoyed themselves with and like the rest of the adolescent normal population, until the "crucial event" happened which made their institutionalization necessary. For these youngsters the enforced stay in the colony means serving a sentence in a special type of prison. An ordinary prison sentence has, however, a time limit and the prisoner knows exactly when he will be free again. The defective does not know how long his "sentence" will last and he realizes too that good behaviour alone does not necessarily secure release since he sees old and well-behaved patients spending their lives in institutions. The long drawn-out and therefore not justifiable punishment seems to him to be out of proportion to the incidents which caused his internment, and leads of necessity to resentment, hostility and opposition. A youngster, who has previously spent his life with normal and congenial friends and contemporaries is now suddenly thrown into the society of low-grade morons, imbeciles and idiots with whom he has nothing in common, who are "silly" and repulsive in his eyes.

The young high-grade defective has now to live in a world determined by the needs of the low-grade patient. Demands and work, institution routine and rules are designed to assist this majority. The power and right of decision is taken away from him, he shoulders no responsibility and the continuous supervision by trained and uniformed nurses makes it quite clear that no initiative is expected from him. Very quickly he conforms to this situation which asks for less energy, less foresight, less initiative, and offers a very comfortable existence. It need not be pointed out particularly that this kind of "training" near the "cabbage-stage" does not represent a desirable preparation for subsequent success in life.

Of course, attempts are continually made to give selected patients extra responsibility and special work, but the frequent failures seem to justify the pessimism and reluctance of those in charge. It is then scarcely considered how the discouraging, stale atmosphere of the colony

must affect and nullify these attempts which may not only fail to contribute towards the final aim, but may even reinforce the discouraged and insecure attitude of many patients.

Though the colony provides work for the patients, partly of a maintenance character and partly of an arts and crafts type, it offers little opportunity for interesting and absorbing work, which the adolescent defective can appreciate. Much of the work is of a very simple character or far removed from the reality of practical life as it is known to the high-grade. Rewards or "wages" are ridiculously small in comparison to what the defective is probably used to obtaining "outside" and other incentives may appear very childish. But for sudden dashes for freedom as shown by absconding, the defective displays, usually, little "drive" and he sees little need to function efficiently and to the full extent of his capabilities in such an "easy" environment. Whilst he may to all outward appearance become stabilized or rather "institutionalized" he really becomes more and more estranged from the life to which we wish to return him one day.

Already this short description of the position of the young high-grade defective in a colony designed for low-grade defectives, should make it clear that this climate of resentment and apathy cannot be overcome merely by providing more and better workshops, better staffing, more testing and "psychological" treatment. As long as the colony is unable to treat the emotional maladjustment, as long as the colony is only considered a better kind of prison with an indeterminate sentence, and as long as the colony is an organism detached from reality, there is little hope to achieve more than a mere chance "cure".

The following outline of a three point programme, as seen from the educational and vocational angle in its widest meaning, indicates a possible development of colony organization for the benefit of that group of patients who may thereby be rehabilitated with better chances for success than the present system offers.

Satisfaction of Emotional Needs

Maladjustment is most frequently the outcome of the extremely unhappy family upbringing which forms almost invariably the background story of most cases. The limited mental resources of the subnormal are not capable of dealing with the resulting problem situations, and their thwarted desires and urges attempt to find substitute satisfactions in other

directions. Their immediate environment offers often easy opportunity for gratification and since the family has been unable to implant in the children a framework of socially acceptable responses, a career of delinquency or other maladjustment frequently follows. Though institutionalization interrupts further a social deterioration by simply withdrawing opportunities to fail in society, this in itself does not necessarily initiate a change for the better. The youngster submits only too often to the influence of his former surroundings and drifts back into the old grooves, when later on he is given a chance to prove himself outside the colony.

The impersonal handling of these adolescents by an all male or all female nursing staff, does not create that atmosphere where rules and a code of behaviour are felt and absorbed and not merely learnt and known. Though it is nowadays attempted to bring up children who have to be separated from their own families, in "families" with substitute parents in lieu of the real ones, this has not been found necessary for the adolescents. With this an opportunity has been missed to let grow within a "family circle" that pattern of socially acceptable responses which will facilitate adjustment to society. It is necessary to do away with the "board and lodging" aspect of the institution by the provision of a decent home-like background of a small group with emotional ties to those in charge. Despite their age these adolescents need their "mother" and "father" and domestic warmth, as much as the younger age groups.

A "family", a unit by affective ties as well as by working relations, is far better suited to exercise a forming influence by social approval and disapproval, by the liking taken to "mother" and to the fairness of "father", than the present conglomeration in an overcrowded institution home run by overworked officers and nurses whose foremost task it is to insist on the observance of institution rules. Psychological treatment has a better chance to be accepted and to become effective in the family "climate" where the individual handling of a case is neither interfered by nor itself interferes with institution administration and where the "family" is an adjustable and easily regulated setting for therapeutic work. If there is any hope to counteract the effects of early maladjustment by individual treatment, then it is certain that a "home" background and a small group are unavoidable preliminaries.

Neither the "home"—nor the small group

atmosphere will, however, have any effect unless "parents" are able to give the youngsters that feeling of security and trust which will make attachment to their new "home" possible. And here we seem to arrive again at the old conclusion which ascribes all success to the personality of individual trainers irrespective of the material conditions; nevertheless there is little doubt that many potentially successful personalities have not the slightest chance to make themselves felt at present in a large institution organization which makes them—in the eyes of the adolescents—mere representatives of restraining authority and where the "institution-pattern" prohibits and discourages unavoidably unorthodox handling of an individual situation.

"Detention" or "Training"

The adolescent high-grade defective recognizes very grudgingly the need for detention in the institution. He resists his unlimited sentence which deprives him of the possibility to earn wages, to help his people and to lead an independent life. It needs practical explanations to make him see that his detention in the colony is not only justified, but for his own benefit.

Such a practical explanation is for instance a real training in trades, which he could receive in the colony and which may assist him later on outside the colony. Many youngsters come to the colony quite willingly under the impression that they had been sent there to "learn a trade". The necessity to learn "something" before one can expect to earn reasonable wages is a fact easily understood by the feeble-minded youth, and the attendance at a "Training School" is, if suitably explained, certainly a more acceptable necessity than the detention in a colony for mental defectives.

Such manual training must, however, not be mere camouflage but must become real preparation for the work which the feeble-minded youth can be expected to do outside. His training has to be specially planned since he has limited powers of adaptation, sometimes poor manual control, very often little foresight, little perseverance and a small capacity of learning. Non-recognition of this poor personality endowment in his colony-training will make adjustment to the fast moving life outside, very often extremely difficult and will lead frequently to friction and subsequent breakdowns. An unsympathetic employer, a teasing workmate, an uncongenial job may spoil the subnormal's chances for good. Unfortunately less consideration is

usually shown to a subnormal than to a "normal" youth.

Thus it is a necessary precaution to make the mentally defective youth already in the pre-employment stage, acquainted with his future work, with the tools, their usage and care, with factory ways and the prevention of accidents. During his training he must learn how to maintain steady output and accurate workmanship. He must be employed on and taught a full-size job and should be engaged on the production of useful and saleable goods. Arts and crafts should be included in the syllabus only in so far as these skills contribute directly to the learning of a trade. Some of the crafts, like embroidery and jewellery-making, for prospective discharges of the male sex, should be discontinued, and the "institutionalized trades" of rug, basket and brush-making should be limited to the permanent institution population. Tradesmen with a gift for teaching ought to be fully employed in teaching, and not primarily as maintenance staff of the colony. Machinery should be used, suitably guarded according to modern factory regulations, and not be kept away from the youngsters, who are otherwise faced with an unfamiliar situation when sent out on licence. The girls should receive domestic science training according to modern principles which will make them familiar with the small household where they may obtain their first situations. The practical work should be augmented by relevant talks and demonstrations. In short, the principles of modern practical training of apprentices of either sex should be applicable to the feeble-minded adolescent's training as well.

The usual type of "occupational training" or "occupational therapy" concentrating on arts and crafts and achieving little more than skill in making nice looking odds and ends, is completely inadequate for our purposes. The training must be reality centred, directed towards agricultural skills if subsequent employment is likeliest in farming, towards factory skills if employment will be found in industry, towards "service" skills for the girls who will take domestic positions. It is a real waste of valuable training time if promising high-grades are merely occupied with producing articles of perspex, embroidery, jewellery, etc., or are engaged in assisting maintenance workers by passing the tools and fetching tea. All "training" which they receive thereby is merely incidental and often not relevant to their future career and is in no proportion to the time taken.

Ignorance of reading, writing and arithmetic represents for many high-grades a constant source of irritation and inferiority feelings, besides being a handicap in the working life outside the colony. They will seize eagerly the opportunity to improve, to maintain or to acquire knowledge if special tuition is provided. New methods for teaching these high-grade adolescents have to be developed since many of them lack confidence and are easily disappointed. Academic work given as part of the trade training appears now in a new light and of new importance.

Working on this basis, a new sense of purposefulness and reality will enter the atmosphere around the subnormal youth. He may now recognize the value of the training, and its interesting and direct relationship to real life, and may become more reconciled with his fate and more open to the character-forming influences of the "home". Training on "real" machinery, producing "real" things, doing a "man's" job, is certainly more likely to produce efficiency in conformity with the youngster's capacity than working at monotonous and unreal jobs like rug or mat-making.

"The Training School" offers also the opportunity to do the vocational guidance work for feeble-minded adolescents which has been neglected in the past. Many semi and fully-skilled jobs can be executed successfully by the feeble-minded whilst certain other unskilled jobs may be unsuitable for them. We know at present next to nothing about the factors affecting their work output, their efficiency, their fatigability, their persistency, their proneness to accidents, etc. Vocational guidance for the feeble-minded will also have to estimate the capacity of the labour market in the vicinity of the colony and will have to advise as to the particular lines of training. In due course it should contribute considerably to the shortening of training and to increasing success by eliminating the initially unavoidable trial and error system.

Integration with Life

There is, however, more to the task of rehabilitation of the defective than the mere provision of modern workshop equipment and practice. Neither manual nor mental training even in conjunction with the "home life" described in the first section, is of course able to give that atmosphere of necessity, of direction and of reality, which pervades the open community. Since demands in the colony are

lowered to be within reach of most of the patients and since for the same reason, life and expression is regulated from above, it is inevitable, as has been pointed out before, that the level of the high-grade defective is gradually adjusted to that of the low-grade. With the lack of stimulation and incentives, all need and all desire for developing efficiency disappears or is canalized into the asocial patterns of how to get round regulations and how to cheat the staff. The unnatural but nevertheless very real climate of the institution cut off from reality, creates a new pattern of institution responses and a mistaken conception of life arises.

To overcome this major difficulty within the framework of the present colony is an impossibility, because it would mean the creation of an autonomous organization within the boundaries of an old-fashioned institution organization. The obvious solution of the problem is the creation of a unit geographically removed from the colony, where special regulations and conditions can be applied without danger of their interfering with the regulated framework found necessary for the custodial care of the majority of patients. There conditions can be created, which are similar and nearly identical with real life situations. Incentives consisting in wages according to ability, steadiness and perseverance in work, can be introduced, and more freedom and responsibility can be given in order to make the potential leaver familiar with his future life and to bring out the best of which he is capable.

The present trend to create bigger colonies exceeding 1,000 beds, defensible as it is from the administrative point of view and securing thereby material advantages for health and entertainment of the patients is, it must be realized, at the same time jeopardizing our hopes to solve at least partly the social problem of feeble-mindedness. Though it is true that smaller places are generally run less efficiently and provide less material comfort for their patients, it is nevertheless the small place which offers far more opportunity for the individual treatment within a group than the large place with so many uncontrollable and unaccountable factors interfering. Even if a new administrative regulation were to segregate hundreds of promising adolescent high-grade from low-grade defectives into a special large colony, it would be an entirely artificial organism unable to induce the growth of that attitude which contributes towards socialization. If part of the trouble is to be found in the defective's lacking "super-ego"

development which had no chance to mature in the appalling conditions of his childhood, then only the small place with individual attention by selected staff is able to remedy the maladjustment. If, on the other hand, inability to adjust to the requirements of society has other roots, we can be sure that the small place will give us a better opportunity to study causes and effects and that it will enable us to modify our therapeutic approaches as necessary.

There is, of course, the danger, that such a place will deteriorate into a small self-contained community where a little band of devoted people fight an unceasing and unrewarded battle for the patients against the consequences of inconspicuous isolation. It is therefore of extreme importance that the staff as well as the patients know what they are doing, what they have achieved and by what means.

Modern psychometric and projective testing has given us the means for a better understanding of the make-up and the capabilities of our individual trainees and this knowledge must be integrated into the training programme. Finally we must know how prognosis, theory and practical method stand up to the test of life. We must know how actual working conditions affect the defective and must attempt to remedy on the basis of this knowledge the faults in our training techniques. This obvious procedure utilized by every car manufacturer, engineer, builder, etc., has been very much neglected, making it impossible to say where exactly our treatment of the high-grade defective ceases in fact to be "treatment".

There are obviously many ways to investigate our problem in its emotional and social aspects and it would need at least another article to outline other possibilities. One way of creating the necessary framework for exploration would for example consist in enlarging the "Training School" by combining it with a hostel for those adolescents who have been considered fit for work under ordinary conditions. Whilst giving thereby the more reliable elements better opportunity to show their metal, this "Training-School Hostel" offers also a chance to study closely the effects of the impact of reality and to give "first aid" when the youngster finds adjustment difficult. The instructors and staff who have in the preceding years established close contact with the adolescent should now at this crucial point be able to assist in the problem of adjustment. At the same time, the presence of youngsters who actually go out to work and are in their last stage of institution confinement,

should act as a continuous incentive to others still in training. The experiences of their work-mates are fed back into the "Training School" and, if properly supervised and integrated into the practical teaching of the school, should assist considerably in forming a new conception of life.

There exists probably in every colony for defectives only a fairly small proportion of high-grade adolescents of either sex who would benefit by a training programme like the one

outlined above. To make special provision for them in the colony is very often impracticable, uneconomical and in the long run unsatisfactory. Nevertheless it would be unjustified to sacrifice the needs of a group of potential licensees to the requirements of the permanent institution population. Hence, a small and specialized institution, a "Training School" for the rehabilitation of the adolescent high-grade defective seems to be the most satisfactory solution.

Mental Health and Education*

By WILLIAM LINE, Ph.D.

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It seems to me that there are three fairly obvious statements that might be made on mental health and education. One is that there is a growing body of literature in that particular field which endeavours to tease out principles of healthy mental development and healthy mental practises in schools. Secondly, there is a growing amount of apparatus for use in examining and disseminating some of the principles—apparatus such as films, film strips, radio discs and so forth. Thirdly, there is a growing tendency (and I think this is very important right now) towards group methods in this field instead of lecture affirmations and dogmatism. There is a definite attempt to be permissive in our teaching and persistent in our group work.

All these three trends can be seen in the field of mental health to-day. The tendency is to move away from dogmatic affirmations about the nature of the child in the abstract and to come down very much towards the realization that the child is terribly dependent upon and interdependent with his whole social medium. I think there is a great gain in this general trend—that we should have no longer mere abstractions but an application of the mental health principle to everyday affairs and to the ordinary intercourse of adults or children with their fellows. That is a great thing.

At the same time I see in it one systematic

danger. It is simply this—that the material around which we focus our discussions and our observations may to some extent become too much tied to the local accident of the particular cultural crystallization in which the observation is made. Let me give an example. In our Canadian work you may have seen one or two films we have produced. One is the life story of an adult woman, portrayed through childhood and school; she had been living in the overprotected sort of environment. We showed that film in Newfoundland, which has lately done us the honour of joining us in Canada. It was not a success. It was thought of by the people who saw it as a picture of some funny people in a funny place called Toronto. It was divorced from its localized and cultural reference, and therefore it did not prove to be a good medium even for another part of our own country.

I sometimes think, too, that when we stress such principles as the importance of personality for teachers, as we rightly do, there may be a danger that we have too much in mind the discipline, the curriculum, the method, the set-up as we call it, that we have evolved in our own sphere, and thus we may be hindered from looking more deeply. Even in our methods of discussions and working I think that too often we fail to realize that we ourselves have evolved

* Address given at a meeting in London organized by British Standing Committee, World Federation for Mental Health, February 17th, 1950.

as a culture in a very normal and very useful way but that our attention to method may be less deep and penetrating than it should be if we simply accept it at the level of the culture in which we happen to be working.

All this adds up to the only point I would like to make, that we do demand of all workers in this field something more. We need constantly to be seeking the principles which, despite the great differences in culture, can have some universal validity. We may, I know, have many principles, but if we can affirm any one principle in the field of mental health which can have universal cultural reference as well as its own scientific backing, then I think we are in duty bound to accept and exalt that principle if we are going to make this movement really an active practical movement in the world.

Let me give just one illustration. Anyone who reads present-day literature in political science, in economics, sociology, anthropology, psychology, psychiatry, industrial relations, cannot help but be impressed by the very important fact that whereas we used to be passing each other by in our various stages in these disciplines, now we are finding a common ground in them all. I believe at this stage of our development we are responsible not merely for statements of principles which would have universal validity, but as far as possible we should bring them to bear upon practical issues.

One thing we have to bear in mind is the emergence of the authoritarian figure, not only in other countries but in our midst every day. Too many children in our Western civilization grow up with the feeling that the way to evaluate themselves is to feel subservient to someone who is above them and to be rightly arrogant to someone who is below. If you examine the literature of psychiatry and psychology or any of the disciplines that have tried to come to grips with this whole matter of personal relationships, what affirmations do you find? The affirmation of submission to authority on the one hand and the assumption of authority on the other. In the disciplines which are supposed to be studying the personal relationship, that is a deplorable situation. There is therefore all the more urgency that this movement which stands for something satisfying in inter-personal relationship, should affirm these principles in their bearing on everyday practice.

I should like to give you an illustration of what I mean. I believe it is true in every culture—and it is worth noting—that every child is born younger than his society. Take the teacher in the classroom. The teacher has a right to be an authority on subject-matter, on teaching technique, but beyond that he has no right whatever to impose authoritarianism on the children. If we accept the simple statement I have just made, that the child is always born younger than his society, it may give us the right as older people to assist the child, but how we are going to assist him on matters of universal morality is the sum and substance of the mental health movement. There are many corollaries to that. If you take that statement seriously then it is rather important that a teacher should be in a position to define the two different roles that are employed there. The teacher is an authority on subject-matter in which he has been trained but he is not authoritarian in matters of inter-personal morality. These roles, of course, have had to be applied both in the home and in the school in one person, but that teacher is a great teacher if he can limit the term 'authority' to that on which he is supposed to be an authority, namely, that for which he was trained, and be very wise in the way he deals with the inter-personal moralities, remembering that the next generation must always take a step forward.

It is the corollary that in our Councils' work in mental health we should give more attention than we have done in the past to the ways in which the growing child must learn to hold himself towards those older and younger than he, as well as to his contemporaries. All other differences of sex or race or what not, are secondary in this connotation, and by paying too much attention to the secondary ones we are in danger of losing sight of the primary.

I do not want to elaborate this. I have just given you that one point—that we consciously seek the basic principles backed by all the scientific evidence we can obtain and the scientific observations we make, that will serve us because they are founded upon valid principles. I feel that there is a challenge here to the World Federation for Mental Health that by its techniques and through its discussion groups and Commissions and so forth all over the world, it may find a means of implementing the principles it has set forth.

Maintenance of Mental Health

4. THE SCHOOL YEARS

By KATHARINE TAYLOR, M.A.*

Formerly Director, Teacher Training Course, Shady Hills School, Cambridge, Mass.

Teachers, all too often, know too little about the children with whom they work. There are many reasons for this. Their classes are often too large for them to feel really acquainted with each child. They are under pressure to prepare their students for the next class, for the next examination, and they feel that their own advancement depends in large measure on their success in doing this. Their training has emphasized subject matter, and method in presenting subject matter. This subject matter is organized by authorities who often themselves know too little about children and about how they learn. Yet the teacher must meet its requirements and must try to get the children to meet them.

Teachers live too much alone with their classes, their papers, their co-workers. They have little opportunity, or they fail to make opportunity, to become acquainted with others who know their own children, such as the children's parents, doctors and social workers, or to have a real life of their own outside of school.

Thus, because of all these omissions and pressures, teachers continue in the custom of teaching *at* children instead of living *with* them and helping them to learn.

How do children learn? Children are constantly learning. They learn through every experience, significant or trivial, in the classroom or outside it. They learn from what they make of each experience, what meaning they find in it. They learn from doing, experimenting, trying things out. They learn through mastering facts, through reasoning, through meeting requirements, through overcoming difficulties, through fun and free play, and through taking

a part in home life, school life, group life, community life. They learn from all their relationships with other people, young and old, good or bad. They learn through their bodies and their emotions as well as their minds. And all the time that they are learning, they are growing up as persons in the world.

A teacher describes a child as "dull", unable to learn. It is true that some children are born with very little capacity for learning, and these children need a special kind of care. But there are many others who are labelled "dull" who are not dull. John may be a person who matures more slowly than his classmates. All he needs is more time, and more confidence from his teachers and his parents so that, at his own pace, he will learn well and grow up well. When he is forced along with the others he becomes confused and discouraged and after a while gives up trying to learn. Mary, who seems "bright", is failing in her school work and the teacher punishes her for being "lazy". But Mary's father has lost his job and her mother is ill from overwork and worry. Her father and mother, driven by anxiety, must each blame something or someone for their poverty and their trouble, and they blame each other, and there is much friction and unhappiness at home. Mary lives in the midst of this, wonders whether the family is breaking up, and is so burdened with this inner anxiety that she is unable to free her good mind for her school work. Peter, from his earliest childhood on, has been expected by a stern ambitious father to meet standards that are much too "grown up" for him, and for every failure on his part he is punished. He tries, and fails, and tries, and fails. At last

* After Miss Taylor's retirement from teaching, in 1949, she went to Germany as Chairman of the Education and Child Care Institute conducted by the American Unitarian Service Committee in collaboration with the German Social Work Organization, Arbeiter Wohlfahrt. The Report on this venture, compiled by her, may be borrowed from the N.A.M.H. Library, 39 Queen Anne Street, London, W.1.—EDITOR.

he becomes convinced that he is no good—a failure. This overwhelming sense that “I am a failure” prostrates him in school. In school, too, are standards and requirements. He has within him the capacity to meet school standards, but, because of his father’s attitude, because he feels that no matter how hard he tries he cannot please his father, he gives up trying. But he has to try his powers somewhere. He has to feel that he can succeed somewhere. So he bullies and fights younger boys outside of school, and though he is punished for it, he nevertheless feels a bit of pride in conquering.

In each of these three cases neither the parents nor the teachers are aware of what is going on inside the child. If they care about children they are troubled about John, Mary and Peter, but they have not realized that these three children need something they are not getting. They are struggling alone with their problems, trying to solve them, in the only ways they know, and naturally are often going down the wrong road, a road that may lead them only into more problems, more confusion, as they grow older.

They need understanding from adults. They need love and trust in them, no matter what they do or what they fail to do. They need to be helped to face their experiences in ways that will bring them confidence and hope. They need to be believed in as human beings.

These are only three typical instances. Any one who works with children can think of many more. Lying, cheating, stealing, destroying things, setting fires, breaking rules habitually, hurting others—all these kinds of behaviour often are due to inner fears, inner conflicts of feeling, beyond the child’s conscious power to control or understand.

The very quiet child, anxiously conscientious, lonely and withdrawn among others, may be called “good” and “easy” by a teacher. Yet such children at times are troubled children, children with fears and inner insecurity, trying alone to solve their problems in ways that limit their growth or that hurt their chances of becoming free and well-balanced persons. It has been said that “a problem child is really a child trying, in the only ways he can, to solve a problem.”

In the last twenty years or more, much has been learned about what goes on inside children, and about the emotional causes of failure in learning or of troublesome behaviour. Children must learn to live by the laws of family life, of school life, and of the community life. They must experience discipline when they behave in ways that hurt the society in which they live.

This is essential to their growing up as persons and citizens. But rules and discipline must be thought of in relation to what children at each age from infancy on are able to live up to, and to begin to understand. The children must be helped to learn that rules are there because they help people to learn to live together, and that the important thing is to learn how to live and how to develop one’s own inner powers and resources, and how to live together in a good society, whether that society is the family, the playground, the school, the nation, or the world of mankind. Rules and learning and discipline thus become the servants of this purpose and not ends in themselves.

This truth children can grow to understand, with help and interpretation from adults. And as children grow in these ways, with this kind of understanding and with experiences which help to clarify it, they develop within them capacities for self-discipline and self-direction, and a sense of active membership in society.

We can learn so much from children themselves! They love to explore things, facts, ideas, for themselves. They love to plan something together, to put the plan into action, to discover why it worked or did not work, to take a fresh start on an improved plan or a new plan.

They try out leadership, competition, co-operation. This zest, enjoyment in living, self-motivation, and active group relationship out of which they learn for themselves, needs to be brought into the whole education process, along with wise guidance from adults, steadying and freeing influence from adults, and understanding of the significance of the emotions (feelings) in each child’s life.

It is along such ways that the young can be enabled to grow up in real mental health and empowered to give their best to society. How can we help?

Could teachers, parents, doctors, and social workers—all who are concerned with children—sit down together more often in small groups, sharing what they know about children, sharing their unanswered questions about them, bringing in persons wherever they can be found who can help them to understand children better?

Could there be discussions in such groups of what obstructs good human relations at any age, and of what frees people for good human relations? And could such learning be put into practice wherever such people live and work, in school teaching staffs, social welfare organizations, families, community life?

Do teachers realize that sometimes their own personal difficulties, anxieties, unsolved problems—no matter how they may try to conceal them—affect harmfully the learning, the behaviour, the inner security of the children with whom they work. In other words, that the teachers' own mental health plays a very important part in that of the children under their care. How can teachers help themselves and be helped in this?

How could more of what is known about children's growth and development, about the emotional backgrounds of their behaviour and their learning, be brought into the education of teachers? For in this way a teacher comes to realize that he is teaching primarily not subjects, but children, and that the subject matter is only one of the ways through which children may be helped to develop.

And what of the other ways? How can a school be made into a living community, where

each child and each teacher is an active, interested member, where there is a will to make a good life together, and mutual respect and friendship and confidence?

In what ways can the individual teacher come to know his own children better and thus to help them better? Through becoming better acquainted with their parents? Through realizing that there is much to learn about what lies beneath a child's behaviour, and trying to learn for himself some of these basic facts about growth and development and possible causes underlying certain kinds of behaviour? Through creating a simple, warm relationship with children which makes them feel that the teacher is not merely an instructor and an agent of the law, but also a friend to whom one may talk as person to person now and then, who will not condemn or brush aside one's clumsy efforts or one's confused behaviour, but who stands by ready to help one as best he can?

The Mental Health Services in 1948

Last year, for the first time, mental health was included in the Report of the Ministry of Health but not in that of the Chief Medical Officer to the Ministry. This year it is included in both, the administrative report covering the period for the year ending March 31st, 1949, and the medical report, that for the year ending December 31st, 1948.*

The Chief Medical Officer begins his section with a useful survey of the development and practice of psychiatry in the eighteenth and nineteenth centuries; present-day problems are then briefly noted, including the supply of mental nurses (at the end of 1948 it was estimated that 8,000 female and 3,000 male recruits were needed), the use of physical treatment, psychopathology, out-patient treatment and psychiatric social work.

The increasing use of mental hospitals by voluntary patients has strained accommodation to the uttermost and direct admissions have risen from 39,223 in 1947 to 45,659 in 1948: in 1928, when certification was necessary in all cases the comparable figure was only 20,774. It is suggested that there are three

main reasons for this increase: (1) that treatment is more effective; (2) that patients seek treatment at an earlier stage; (3) that the type of patient entering hospital has changed. The more rapid turnover does not, therefore, represent an equivalent increase in the percentage of the population under care (at a given moment in 1948, 3.41 per 1,000 as compared with 3.57 in 1930).

In this section of the Report, half a page only is devoted to mental deficiency which gives, we venture to suggest, an unduly optimistic impression of the present position in regard to it. Perhaps next year, however, we may look forward to a fuller discussion of the problems involved in considering this "cinderella of psychiatry" and its far reaching ramifications.

Another noteworthy omission in the Report is the absence of any reference to psychiatric community care in the section dealing with "Care and After-Care of Persons suffering from Illness".

Turning to the administrative report, we find the Mental Health Services dealt with in the fourth section of the chapter on the National

* H.M. Stationery Office, 7s. 6d.

Health Service which gives full statistical information, supplemented by three statistical tables printed as appendices.

Mental Disorder

At the end of 1948, the total number of mental patients under care was 145,779 of whom 5,884 were private patients (a decrease of 7,322) 138,911 were Health Service patients and 984 were in Broadmoor. This total number represents an increase of only seven patients compared with the previous year, but it must be remembered that it relates only to patients actually under care at a given date and does not include the total number admitted during the year, referred to in the Chief Medical Officer's report noted above.

Of the patients under care on December 31st, 1948, 14.9 per cent. were voluntary, 0.4 per cent. temporary and 84.7 per cent. certified.

The overcrowding in mental hospitals persists and increases, being 12.2 per cent. at the end of 1948 as compared with 11.7 per cent. in 1947. This makes it all the more unfortunate that there were on December 31st, 1948, still 3,034 beds diverted for purposes arising from the war, 2,689 unoccupied owing to shortage of staff, and 2,694 out of commission pending structural repairs.*

Calculated on direct admissions, the following figures are given showing rates of discharges and departures from hospital :

Recovered or relieved ..	68.3%
Recovered	32.1%

The total absolute discharges and departures was 78.2 per cent. Before the operation of the Mental Treatment Act, this last figure was 48.3 per cent., which gives an indication of the great change in the situation during the last twenty years.

Mental Deficiency

At the end of 1948, the total number of defectives in institutions or under statutory care in the community was 105,398, a net increase of 2,077. Of the 54,887 in institutions, 14 per cent. were under the age of 16. The following table shows comparative figures which are interesting :

	1939	1948	1949
In Institutions, Houses and Homes provided under the Mental Deficiency Act, 1913	46,054	54,229	54,887
Under Guardianship or Notified	4,841	5,373	5,724
Under Statutory Supervision	39,009	43,719	44,787
	89,904	103,321	105,390

Another Table gives the position with regard to ascertainment :

On Jan. 1st	Number reported whether "subject to be dealt with" or not	Ratio per 1,000 of the population	Number ascertained to be "subject to be dealt with"	Ratio per 1,000 of the population
1947 ..	133,967	3.23	102,073	2.46
1948 ..	135,388	3.26	103,524	2.50
1949 ..	129,700	3.00	102,734	2.40
Increase during 1948 ..	5,688	0.26	790	0.10

About these figures it would be helpful to have more information, particularly in respect of the 4,394 children reported by Local Education Authorities which are included in the "subject to be dealt with" column.† How many of these were school leavers, reported under Section 55(5) of the Education Act, and how many were reported under Section 55(3) as being incapable of receiving education? It would also be of interest to know how many educationally subnormal school leavers were reported to Local Health Authorities for voluntary supervision—and the extent to which voluntary supervision is being provided for other defectives not at present "subject to be dealt with".

We miss this year the detailed list of ascertainment rates of Local Authorities which were an unvarying feature of the Board of Control's Reports in former years, and hope that its omission is not to be taken as a precedent.

* It is interesting to note that at the end of 1948, out of approximately 515,000 hospital beds in England and Wales, 200,000 were for mental illness.

† The comparable figures for 1946 and 1947 were respectively, 4,209 and 3,799.

Of the cases ascertained during the year, 1,047 were sent to institutions, 136 were placed under guardianship, 4,306 under statutory supervision and 182 taken to places of safety. 128 died or were removed to other areas, whilst in 643 cases (10 per cent.) no action had been taken at the time the returns were made.

In connection with accommodation, the familiar story of long waiting lists, of beds unoccupied owing to the difficulty of securing staff, of lack of progress in building despite high priority given to provision for low-grade and difficult patients, has once more to be told. The total number of beds available at the end of December, 1948, was 50,069, representing a small increase of 637, mainly due to the opening of three new institutions—School Aycliffe Hospital (Durham) Aston Hall (Sheffield) and Holywell House (Elland)—and the approval of four additional Approved Homes.

Some slight progress is reported in the provision of Occupation Centres of which there were 129 as compared with 100 the previous year,

together with 5 Clubs (an increase of one). But in view of the fact that in 1949 there was a leeway of 49 Centres and 8 Clubs still to be made up before the total reaches that of 1939 and that there were 235 fewer children in attendance than was the case before the War, the situation cannot be viewed with complacency.

Discharge rates from institutions were 846 and from Guardianship 134, representing a total increase of 155 compared with the year 1947.

Now that the Mental Health Service is an integral part of the National Health Service, its report must logically be included in that of the Ministry of Health, but if it could also be made available as a separate reprint this would be a great convenience to mental health workers, members of Parents' Associations and others for whom the subject is a main interest. The list of mental hospitals formerly included in Part II of the Board of Control's Report was also an extremely useful adjunct for reference purposes, whose disappearance we regret.

BRITISH NATIONAL CONFERENCE ON SOCIAL WORK

HARROGATE, APRIL 1950

It was impossible to believe in a fundamental opposition between statutory and voluntary bodies when some 450 representatives of both could meet and mix for public discussion and private exchange of views in a markedly friendly and pleasant atmosphere. No doubt Harrogate contributed with its flowers and excellent facilities, but most of us already worked through co-operation between the official and voluntary organizations, and many had shared the same training or comparable social work experience.

Professor Nicholson of Hull took the Chair for five general sessions of uniformly high excellence. His opening reference to our need to view facts with insight and seek for a social pattern unbiased by our personal make-up gave a central theme to which with unostentatious skill he led the speakers, and coaxed even sporadic questions in discussion to fit into this scheme.

For Mr. Roger Wilson the pattern of the history of social work showed the change from almsgiving to "imaginative surgery in human relations". Such of his telling phrases as, "houses don't solve the housing problem" pricked our minds towards more effort of thought and perhaps less "busyness" in our offices. He spoke of the slow retail peddling of ideas and gave us a sense of time and space for developing our work.

Lest we became too involved in individual problems, came Dr. Alice Stewart's description of some of the aims of the Oxford Institute of Social Medicine. Her field-work study of a "population at risk", such as the Northampton boot-trade which has a high incidence of tuberculosis, showed that for the purposes of the survey, the individual becomes but a cell in the blood count. Social Workers must seek out the significance of such methods in relation to their own work and above all, search their records to see whether new guiding ideas, or some change of manner of recording might enable them to contribute from their vast resources of human material something of value to social medicine.

Professor Spence turned us back to the study of the individual and perhaps we felt more at home with his observations on the effect of the child on the mother, as well as of the mother on the child. In spite of her instinctive response to her baby, he pointed out how amazingly easily she is dominated by technicians and amongst these might be mentioned the social worker. She must guard her ways, for mere watching is in essence interference.

An enormous map of the "conurbation" of the Birmingham district, acted as background to Mr. Paul Cadbury's talk on "Town and Country Planning". Again we were swept out of the home into the community. We must shape our schemes

on social requirements and each area be instantly ready to voice its local needs or the rapid developments which are occurring now will set the pattern for future community living in an unwished form.

Looking at the individual, back at society, then again at man in relation to the world, we heard Mcleod of Iona call for a recognition of the fact that the body was dead without the bloodstream of the Spirit. The split between faith and works had brought us to our present loss of direction and he challenged social workers to believe that the only human relations were spiritual—or to perish with their works.

These inspiring addresses alternated with the division of the Conference into five "commissions" which discussed "Child Welfare", "Social Aspects of Health", "Social Adjustment", "Community Services" and "Social Aspects of Town and Country Planning and Housing." Ninety-two preparatory commissions had sent in reports on the work of their study groups which were ably summarized in material sent round before the conference. The Harrogate commissions varied in size from seventy to twice that number, they attempted to comment on these summaries and each presented a report which was discussed by the Conference.

It was agreed that the groups were too large and implied that the subjects were too vast. In spite of the heroic efforts of the chairmen and the miracles wrought by Rapporteurs in presenting a coherent report, the results were nebulous and unconvincing. Here was no advance by a group which had become a corporate unit, but a skilful collection of fragments which could be made into a non-controversial pattern.

The commissions were useful in allowing many, who would have remained silent in the large theatre, to express their views, and they furthered new acquaintances which are of the value of such

Conferences, but they might have done something more. For instance in the Child Welfare Commission there were present a large number of Children's Officers who are the most important newcomers to the Social work field. Their work brings them into contact with most other branches of social work and they are still working out the limits of their function. Here was a lively chance of discussion but it was largely lost in a group too numerous and various to foster personal give and take.

Another experiment was tried in a symposium in which a representative Youth Leader, Women's Institute member, Community Centre Leader and an Assistant Director of Education took part. These were the only "social workers" who made speeches from the platform. Each was a good representative of his or her special work, but in their few minutes talk could add little to the pattern that was emerging from the whole conference. The speaker from the Local Authority compared the "immeasurable" and the "measurable" aims of voluntary societies, but we felt that we were being led through the different sessions to see how they intermingle and that there is no opposition.

No social worker was chosen as the main speaker. This is a criticism not of the conference but of the profession. It is hard to imagine better addresses for our purpose than those that were given. We need ordered thought and aims and methods and whether we have a university background or not, it is the professors and those who can stand aside and evaluate who are the inspiration of our work.

Social workers have not yet thrown up the thinker or writer who can take this lead, but are too often buried in the wealth of their material. Such experiences as this conference which embraced and, to a greater or lesser extent, moulded each one of us, may leave an impression on the future of social work.

ROBINA S. ADDIS.

We have to make artificial opportunities for social intercourse for various groups of people—the aged, the deaf, the blind, the troublesome, the lonely. In more genial days, the general zest of society must have carried all these people along, and no one seems to have been the worse. Now we withdraw our garments and fear to be bored or distressed.

LANCET. "Day Hospitals." 1.4.50.

News and Notes

Mentally Handicapped Persons

It may be remembered that last year an Advisory Council was set up by the Minister of Health on the arrangements to be made under Section 29 of the National Assistance Act for the welfare of "persons substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister". In the definitions given in the Act, it is stated that "disability" includes mental as well as physical handicap but the first Committees to be appointed by the Advisory Council dealt only with various categories of persons who were physically disabled. We are now glad to be able to report the setting up of a Committee on the mentally handicapped (other than those coming within the provisions of Section 28 and Part V of the National Health Service Act).

On the Committee, the National Association for Mental Health has been invited to appoint a representative and Dr. Alfred Torrie is serving in this capacity. Its final recommendations will be received with wide interest and should be of help in defining the needs of that group of persons who are neither certifiable as defectives not requiring mental treatment, but whose social efficiency prevents them from standing unaided on their own feet.

Mental Defectives and their Savings

As is well known to those who are responsible for hostels for defectives employed whilst on licence from institutions, the savings accumulated by patients are often considerable, and the Ministry of Health has recently issued to Regional Hospital Boards and Hospital Management Committees, a circular on this subject.

It is stated that the Postmaster General has called attention to difficulties which have arisen because of the inability of some defectives to understand how to operate their Post Office Savings accounts. The suggestion is therefore made that in future such accounts should only be opened on behalf of patients who are fully capable of dealing with them. In other cases, the Hospital Management Committee should themselves make arrangements for the opening of an account under the name of "Patients' Savings Account"—to be operated by their nominated officers on behalf of the patient concerned. If the account reaches £200, the matter would be reported to the Court of Protection.

The responsibility for making these arrangements should devolve on the Chief Financial Officer.

Mental Health in Eire

To mark the Fourth Centenary of the death of its founder, the Hospitaller Order of St. John of God held in April, a three-day Psychiatric Congress at its

Mental Hospital, Stillorgan, near Dublin. Psychiatrists from Britain were invited to take part in the celebrations, and the President of the Republic, with members of the Government and the Lord Mayor of Dublin attended the opening High Mass in the Hospital chapel. The preacher, the Rev. Professor E. F. O'Doherty (University College, Dublin) stressed the relation between religion and psychology each of which was concerned with man's soul. The psychiatrist, he pointed out, was continually being confronted with the religious convictions and moral principles of his patients whilst psychology played an integral part in the curriculum of every seminary and university in their training of students for the priesthood.

Lectures given during the Conference included "The Individual's Responsibility for Mental Health" by Dr. Alfred Torrie, "Mental Deficiency" by Dr. L. T. Hilliard, "Special Education for the Mentally Handicapped" by Mr. D. Kennedy-Fraser, and "Re-development of Mental Health Work in Connection with existing Social Services" by Professor Simey (University of Liverpool).

Eire has as yet no mental deficiency legislation and the only residential provision for defectives in the country is that made by the Brothers of St. John of God (in three Houses), the Sisters of St. Vincent de Paul at Cabra, and the Stewart Hospital (Protestant). As a result of the Conference, a stimulus should be given to the Republican Government in their project for a mental health service embodying the state's full acceptance of responsibility for its mentally handicapped citizens.

Working the New Mental Health Service

At the Annual Conference of the Association of Mental Health Workers held in Scarborough at the beginning of May, Mr. J. Castelow, psychiatric social worker, Leeds Mental Health Service, described the use which his Authority is making of their new powers under Section 28 of the National Health Service Act, for instituting a systematic After-Care scheme.

In June, 1949, a Psychiatric Social Centre was opened, staffed by a psychiatric social worker, two mental health workers, a handicraft instructor and a clerical assistant. The Rehabilitation Workshop has, since January, been on a full-time basis, and provides instruction for twelve patients at a time. It is intended primarily for ex-mental hospital patients who need a period of occupation therapy before resuming normal employment, but a problem is being created by the number of chronic psychopaths and mentally handicapped individuals who tend to fill vacancies, and for whom more permanent provision is needed.

The other main activity of the Centre is a

Therapeutic Social Club, meeting once a week. This is intended for patients who have completed individual psychiatric treatment, and invitations to join it are given by the psychiatrist and the social worker, though in addition members are referred by the Department of Psychiatry of the University.

Preventive work is being developed through discussions, exhibitions, meetings, etc., and six months ago a Consultation Service was inaugurated to enable general practitioners to refer patients with social or socio-medical problems. Up to date, thirty-six cases had been referred. Emphasis is laid on co-operation with other social agencies in the City with a view to facilitating earlier diagnosis and treatment of mental illness, and when adequate staff is available, further expansions of the preventive service are planned.

In a paper given at the same session, Miss F. S. Rogers,—former Secretary of the Cambridgeshire Mental Welfare Association which is employed by the Local Authority both for carrying out certain statutory duties under the Mental Deficiency Acts and for "community" care under Section 28, of the National Health Service Act—referred to a similar Advisory Service available both to general practitioners and to social agencies in the area, set up eight months ago during which period, 106 cases have been referred. Here also, the problem of the patient who is socially inefficient by reason of dull intelligence and instability, is being confronted, showing the need for the provision of residential and non-residential training and employment of a type which does not yet exist.

Old People

In a circular issued to Local Authorities by the Ministry of Health last January, dealing with welfare services for old people as provided for under the National Assistance Act, stress is laid on the importance of co-operation between local authorities and local voluntary organizations.

"All Local Authorities" it is stated, "should do everything in their power to encourage further voluntary efforts to meet the needs of old people, especially those living in their own homes, and there should be close and continuous collaboration between all the statutory and voluntary agencies working for their welfare."

Two circulars have recently been issued by the Ministry to Regional Hospital Boards, on this same subject, one on April 1st under the title "Care of the Aged Suffering from Mental Infirmary" and the other on May 15th, on the "Treatment of the Elderly Chronic Sick".

The purpose of the former circular is to guide Regional Boards in planning their arrangements for the care of persons suffering from mental infirmity arising from old age, which should include provision for (a) short-stay psychiatric units and (b) long-stay annexes. The short-stay unit should be established in a general hospital in the Region for the purpose of diagnosis and classification to determine which

patients can, after treatment, return home, which may need mental hospital care, and for how many other types of accommodation are required. The long-stay annexes may be associated with mental hospitals if more convenient, but they should have distinctive names and should be reserved for patients without marked behaviour disturbances who suffer "from mental infirmity due to old age and who do not require detention." Provision of this type is not only desirable in the interests of the patients concerned, but would, of course, release urgently needed beds in mental hospitals.

The May circular deals with arrangements for the care of old persons suffering from chronic illness of a physical nature, and makes suggestions for the establishment of a hospital geriatric service including convalescent and long-stay annexes, as well as for domiciliary services.

A further indication of the growing recognition of the special needs of old people, is the holding in Liege from July 10th to 12th, of the First International Gerontological Conference. It is to be noted, however, that no psychiatrist is listed amongst the speakers on the printed programme and that the aspects of the subject to be dealt with, appear to be limited to physical conditions.

Lasker Award for Mental Hygiene

This is an Award presented every year for an outstanding contribution on some field of mental hygiene, and those in this country who were active in the early days of the Child Guidance movement, then financed so largely by the Commonwealth Fund of N.Y. City, will be interested to hear that the recipient for 1949 is Miss Mildred Scoville, Executive Associate of the Fund. The presentation was made by a former recipient, Dr. J. R. Rees, Director of the World Federation for Mental Health who paid a tribute to Miss Scoville's contribution to the mental health movement in England as well as to that in the United States. In her acceptance of the award, Miss Scoville stressed the widening concept of the function of psychology and psychiatry, whose subject matter has to do with the "living together of people" and is therefore closely related with the social sciences.

On the same occasion, another Lasker Award was made—one for "Public Information leading to Public Action in Mental Health". This was given to Mr. Albert Deutsch who has for ten years devoted himself to assembling and publicizing facts regarding the needs of the mentally ill, and whose book, *The Mentally Ill in America*, revised in 1949, is still in great demand.

Parents of Backward Children

A convention of members of Associations of Parents and similar groups, held at the Fountain Hospital, London, in May, has resulted in the formation of a national body made up of the various pioneer associations which have sprung into being during the last few years, including the well-known

one organized by Mrs. Fryd of Harpenden, and the "Friends of the Fountains".

The Conference, attended by 122 parents, some of whom had travelled through the night was welcomed by Dr. L. T. Hilliard, Physician Superintendent of the Fountain Hospital, and the chair was taken by Mr. J. C. Davies, chairman of the "Friends".

The decision to amalgamate was reached in an atmosphere of general good will, and the objects of the new Association were defined as follows:

1. To promote the material, mental and spiritual welfare of backward children.
2. To foster mutual help and support among the parents and relatives of such children.
3. To promote closer co-operation and understanding between parents and others responsible for their welfare.
4. To encourage more research into causes and treatment of mental handicap.

Various officers were elected, each to have charge of one department of activity. There are two Joint Secretaries—Mr. H. D. F. Hutchings and Mrs. Fryd—and Mr. Hutchings is also acting as Organizer. Enquiries about the Association should be addressed to him at 3 Willowhay Gardens, Worcester Park, Surrey.

In the United States this movement is developing with equal vigour and speed, and in *The Training School (Vineland) Bulletin* of February, 1950, we read that attention was drawn to it by the authoress, Pearl Buck. In a gathering assembled to pay tribute to Mrs. Alice Nash on her retirement from a life of active service to the Training School, Mrs. Buck said:

"Many of you are parents, and to you I would like to say that I think it is extraordinary and an important thing that parents are coming together in mutual aid and co-operation. The parents' groups now forming in many areas need help and guidance, but they will do much to encourage each other and help their handicapped children. There are wonderful and hopeful signs of a new attitude toward the mentally deficient. The attitude of society is being slowly changed. Parents can do more to change it than any other group by facing their situation with courage for themselves and hopefulness for their children. It is no longer enough merely to get a retarded child into an institution. The child has the right to all the fruits of research and education so that he may fulfil his potentialities and so find happiness."

World Federation for Mental Health

At the Third Annual Meeting of the Federation to be held in Paris at the Cité Universitaire, from

August 31st to September 7th, there will be four main topics for discussion:

1. Mental Health in Education.
2. Occupational and Industrial Mental Health.
3. Mental Health of Transplanted and Homeless Persons.
4. Leadership and Authority in Local Communities.

Registrations have so far been received from the following countries: Argentine, Brazil, Canada, Denmark, Egypt, France, Germany, Great Britain, Greece, Holland, India, Israel, Mexico, New Zealand, Sweden, Switzerland and the United States.

The April issue of the *Bulletin* includes an interesting article by Dr. J. R. Rees, on "Work for Mental Health in Germany", in which he notes that during a short visit there last December, the main topic which he was asked to discuss with the psychiatrists, social scientists and other professional men and women whom he met, was that of training for child guidance work. This, he points out, was only to be expected in view of the fact that Germany's most urgent problem is that of how to help children and young people "while they are still helpless."

The *Bulletin* may be obtained from the Federation at 19 Manchester Street, W.1, at an annual subscription of 5s.

"The Patient is Human"

In this broadsheet published by "PEP" (Political and Economic Planning) in *Planning* for February 13th, 1950,* we have our attention drawn to human relations in hospitals. Such subjects as "Out-patients", "Inside the Wards", "Relations and Friends" and "The Right Staff" are discussed, and emphasis is laid throughout on the importance of establishing good patient-nurse-doctor-visitor relationships.

Reference is made to the controversial question of visits in children's wards and to the different points of view about their frequency and desirability, and in general, the need for a more sympathetic handling of visitors by nursing staff is stressed.

"Too often" it is stated, "there is nobody who seems capable of telling relatives how the patient is doing. . . . Nurses are often forbidden to express any opinion, ward sisters are non-committal, and the wretched relations go away puzzled, bewildered and anxious."

All these matters have a direct bearing on mental health—both of patients and those who belong to them—and PEP is to be congratulated on giving them publicity.

* Obtainable from PEP, 16 Queen Anne's Gate, S.W.1 2s.

Correspondence

AN EDUCATIONAL CENTRE FOR MENTALLY HANDICAPPED CHILDREN

DEAR SIR,—The editorial in the spring issue of this Journal stressed the need for provision of more institutions for defectives.

Without in the least minimizing this need, I want to point out that the strain on institutions could be greatly relieved if more and better day centres could be provided for children classed as "ineducable".

A number of occupation centres have been set up during the last few years. But occupation centres suffer from several grave defects, which render their educational value for the handicapped child almost illusory.

The first is overcrowding; the second, lack of really suitable accommodation; thirdly, the shortage of trained staff, and lastly, and in my opinion the most severe, is the impossibility of grouping the children, after proper examination and diagnosis, according to their prominent disability.

My extensive experience with these children has convinced me that successful special education can only be built on a proper diagnosis of the child's deficiency. After years of observation and study I am to-day able to distinguish clearly a few types of defects, which I describe as visuo-motor and auditory-autonomic. There are also mixed types of two or more defects, but in mixed types, one or the other defect is usually predominant and determines the method which has to be employed in educating the child.

Different types of defect demand a different educational approach and a different method. The training of mentally handicapped children would yield far more satisfactory results if this fact, which is more or less dimly recognized by all special teachers, were properly understood and acted upon.

The national Association of Parents of Backward Children, which started a few years ago with the purpose of organizing all parents of retarded

children, and which is affiliated to the National Association for Mental Health, has set, amongst its other aims, that of starting an "experimental school" for young mentally handicapped children where they will be grouped according to their special disability.

In this "school" we hope to prove that educational success with children depends on the choice of the right method for each type, and that their mental development, once the appropriate method has been devised and elaborated, proceeds just as easily as the mental development of blind and deaf children, for whom, as everybody knows, different educational methods are used, whereas to educate them both by the same method would certainly be doomed to failure and would clearly appear foolish to everybody.

Acting on this conviction, a co-operative venture has been started by some parents, belonging to the A.P.B.C.; they have opened, in London, an educational centre for young children who are unable to speak, in the Methodist Church Hall at Kensal Rise. The parents share the expenses of accommodation, teaching and equipment. Now they look forward to being able to start on the same basis one or two more classes for children with other disabilities. It is only a very small beginning and it puts a very heavy financial burden on the parents. But they hope, if the venture proves a success, that the Health Authorities can be persuaded to take an interest in the new "school".

English tradition shows that all social and educational progress has been initiated by voluntary effort, and later taken up by the state. In continuing this tradition we hope to introduce a new era in the education of mentally handicapped children.

Yours etc.,

LISE GELLNER.

128 Harley Street,
London, W.1.

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Mrs. D. K. Drown, 38 Staverton Road, N.W.2.

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Reviews

British Medical Bulletin, Vol. 6, No. 1-2, 1949, **Mental Health**. The British Council, Medical Department, 3 Hanover Street, London, W.1. 10s.

This issue of the *British Medical Bulletin*, as the introduction points out, was intended for publication in connection with the International Congress on Mental Health, held in London in August, 1948. It is a comprehensive symposium on the latest discoveries in the field of mental health from contributors who are eminent in their own particular branch of this field. Dr. J. R. Rees, a member of the Council of the N.A.M.H. contributes the first article on the International Congress. The other contributors are: Sir Frederick Bartlett, Sir Cyril Burt, Sir Norwood East, Dr. Eysenck, Dr. Michael Fordham, Dr. Edward Glover, Dr. Denis Hill, Dr. Emanuel Miller, Mr. Cyril Penton, Dr. Felix Post, Dr. Derek Richter, Dr. W. Clifford Scott and Dr. P. E. Vernon. This list indicates the authoritative nature of the contributions.

It is a rare thing to have both the right wing and the left wing viewpoints in mental health presented in one volume. "Ideas originally derived from the psychotherapy of the individual, have recently been applied to the psychology of groups, with implications for the management of human relations in their most general form." This sentence from Dr. Eliot Slater's introduction indicates a viewpoint which would appeal to readers of this *Journal*.

The application of mental health principles to the behaviour disorders of children are described well by Dr. Emanuel Miller. All other age groups are also covered and an interesting article is contributed by Dr. Felix Post on the mental aspects of senescence.

The different schools of psychoanalysis are explained by Dr. Edward Glover and Dr. Clifford Scott. The article on juvenile delinquency is very informative and indicates how much more has to be studied under this heading.

Mr. Cyril F. Penton contributes an article on the law relating to temporary treatment in mental hospitals. He states that the "existing provisions for temporary treatment contained in Section 5 of the 1930 Act, have been found so complicated and difficult of operation, that they have had a deterrent effect upon those who contemplated availing themselves of them." He goes on to suggest certain changes in the 1930 Act.

It is understood that another volume covering the Mental Health Services is shortly to be published, and this we await with interest.

A.T.

Problems of Social Policy—History of the Second World War Series. Vol. II. By Richard M. Titmuss. H.M. Stationery Office, and Longmans. 25s.

This scholarly, well-documented and vividly written account of social policy during the war will recall to many the problems with which they wrestled in the years between 1939 and 1945. They will see these same problems against the whole background of planning and the interlocking responsibilities of the Government Departments, the Local Authorities and the Voluntary Organizations which all contributed, argued and settled into a more or less workable co-operation.

The book is dominated by three main topics, the evacuation, the hospital services and the care of the homeless people. It is divided into four main parts.

Part I. The Expected War. Here the author discusses the plans which were made to meet the shock of war. He points out how grossly over estimated were the number of expected casualties, both physical and psychological, with a resulting wastage of hospital beds and hardship on civilian sick; and yet no thought had been given to any provision for the homeless other than that of temporary shelter with a diet indistinguishable from that authorized for the casual wards.

Part II. The Invisible War. This gives an account of the evacuation and the hospitals in transition with a discussion of the difficulties caused by local government boundaries and limitations.

Part III. The Battles. Describes the time of the air bombardment which revealed deficiencies in planning and how these were met.

Part IV. The Long Years. This is concerned with what actually happened in reconstruction and in the growth of the social services and that re-orientation which led on to the establishment of the welfare state. It also discusses the price paid for the bitter struggle in human terms whilst placing due credit upon what was to come out of that experience.

Readers of *Mental Health* will be especially interested in the account of the effect of the war on the civilian population, both as it was anticipated and as it actually occurred. The Government expected that widespread neurosis and panic would be a reaction to bombing whilst the psychiatrists estimated that psychiatric casualties might exceed physical casualties by as much as three to one and that the number of sufferers from mental and nervous disorders would in the event of war, "increase to an extent never before experienced". These gloomy forebodings were not fulfilled. There was no dramatic increase in mental and nervous illness, the number of suicides fell and the statistics for drunkenness fell by over one half. Mr. Titmuss asks if "the experts were perhaps too remote from

the ordinary people of Great Britain who in the dangerous times of the past had shown no lack of defiance and steadfastness?" He points out the wisdom of the Government's policy in allowing evacuation to be voluntary (except in areas which had to be evacuated for military purposes) so that it might act as a shock absorber and to the value of the family, the group and the known neighbourhood in times of danger.

The book places due emphasis on the increasing recognition of the value of the professional social worker and tells of the appointment, under the Ministry of Health, of welfare officers to the Civil Defence Regions to stimulate, advise and give practical assistance to local authorities on the development of welfare provision for evacuees and homeless persons. Social workers will be interested to note how comprehensive was the field which these workers were expected to cover and we are told it happened that "as the pressure of events forced closer together the evacuation and post raid services the interest and duties of these welfare officers broadened to cover a wider area of the social services".

The work of the Mental Health Emergency Committee, later to be merged into the Provisional National Council for Mental Health, is given a place in the book mainly in connection with the loan of psychiatric social workers to the reception area. This service was soon recognized and financed by the Ministry of Health and more workers were sent to help with the "difficult" evacuated children where they arranged for hostels and pressed for the provision of psychiatric advice and treatment centres. The author states "by the end of 1942 thirty-two psychiatric social workers had been appointed by local authorities largely as a result of the educational activities of the Mental Health Emergency Committee". And he continues "this organization continued to press the Ministry of Health for support and financial aid, and indeed sometimes embarrassed the Department by its enthusiastic campaign for extensions in psychiatric work to many branches of the social service". Be that as it may the Committee was only too woefully aware of the sad shortage of trained psychiatric social workers.

The book ends with a discussion of what is termed unfinished business and closes with this pregnant paragraph:

"perhaps more lasting harm was wrought to the minds and hearts of men, women and children than to their bodies. The disturbance to family life, the separation of mothers and fathers from their children, of husbands from their wives, of pupils from their schools, of people from their recreation, of society from the pursuits of peace—perhaps all these indignities of war have left wounds which will take time to heal and infinite patience to understand."

D.H.H.

Human Relations in Industry. By R. F. Tredgold, M.A., M.D., D.P.M. Gerald Duckworth & Co., London. 8s. 6d.

It might well have been an invidious task to review a book by the Editor of a Journal for which the review was meant, but in this instance no difficulties arise, since there is little to criticize and much to praise.

This book is based upon one of the series of lectures given by the author in the training courses held at Roffey Park Rehabilitation Centre in 1947 and 1948. Although the original groups to which these lectures were given included many and varied professional and industrial skills, it is clear that the subject matter was intended for those with little technical pre-knowledge of the dynamics of human relationships; this book is, therefore, written in very simple, non-technical language and it deals with essential basic concepts and ideas. It will supply little that is new to the more initiated and advanced student, though even he will find it of value perhaps in simplifying and clarifying his own teaching methods. But for the Industrial Medical Officer, Personnel Manager or Welfare Worker who wishes for a clear introduction to the emotional and sociological patterns behind his work, it will prove most valuable. Although essentially concerned with the problems of human behaviour and management as they appear in industry, it is broad enough in its approach to be a useful introductory textbook to the study of any human relationship problem.

It is an interesting comment on the attitudes of both the author and the Roffey Park teams, that this book shows so much clear evidence of the use of the discussion group as an educational and training method; the obvious success and advantages this technique showed is, in itself, as good an advertisement as one could have for the human relationship methods described in the book.

The reviewer's only complaint, that the book is not long enough to cover the whole ground, is largely negated by the publishers' promise that a companion volume, by another member of the Roffey Park team, is to follow.

T.A.R.

Injuries of the Brain and Spinal Cord and Their Coverings. Edited by Samuel Brock. Baillière, Tindall & Cox. £3 17s. 6d.

This large volume of some 800 pages is a symposium from the pens of twenty-eight contributors. This is the third edition and includes much information gained from the study of head injuries in wartime. Several chapters are devoted to psychotic states and neuroses following head injuries, and an interesting chapter deals with malingering in relation to injuries of the brain, containing much information on the differential diagnosis between hysterical paralysis and malingering.

Each chapter is followed by a comprehensive bibliography. This book is likely to be a valuable reference book for many years.

A.T.

These our Children. By Arthur Collis and Vera E. Poole. Gollancz. 8s. 6d.

It will be remembered that the Curtis Committee drew attention to the fact that it was precluded from dealing with children suffering from neglect in their homes, and that subsequently this question was raised in Parliament.

No one is better equipped to deal with it—in so far as it is concerned with poverty and slum conditions—than members of Family Service Units whose former book, *Problem Families* presented such an unforgettable picture of the surroundings and lives of people written off in despair by other social agencies as unhelpable.

In this new publication, emanating from the same source, the problem is dealt with from the standpoint of the slum child—in relation to the home in which he lives, the streets in which he finds his diversion, the play centre, club and play ground which he frequents, and the school which seeks to educate him. A final chapter, "What of the Future?" discusses possible lines of action, stressing the following recommendations:

- (1) That the Government should institute an investigation to ascertain the extent of the problem and to provide a full-scale picture of its exact nature. Such a survey should include suggestions as to methods which might be adopted for the re-education of parents accused of neglect.
- (2) That a new Child and Family Welfare Service should be set up, empowered to deal with all children (whether of school age or under) and acting as a clearing centre for cases of ill-treatment, neglect, behaviour difficulties and delinquency. The Service should be staffed by specially trained and experienced field workers in direct contact with the parents and children concerned.

The number of children living at slum level in whose lives this book seeks to arouse interest, is happily small if expressed in terms of a percentage of the whole child population, but it presents a problem which has eluded all the lines of approach so far tried and which—despite the increasing number of social workers and Local Authority officials who are continually in and out of slum homes and who have a real desire to help, is still no nearer solution.

Only a resolute attack on a wide front can deal with it effectively, and it is urgent that such an attack should be planned soon. For as long as these conditions exist they involve:

"the stunting and thwarting of young lives, heartbreak and tragedy for many, and a denial to children of all that is best in life."

In the solution of the problem, the contribution of the psychiatrist the psychologist and the mental health social worker, is needed equally with that of trained personnel from other fields, and only by united action will a solution be found.

To the complacent optimist who—comparing the amenities of the welfare state with the horrors of child labour in the days of the industrial revolution—congratulates himself that such things can no longer happen here, this book may come as an unwelcome shock; to the social worker baffled by his inability to rescue children from physical, mental and spiritual squalor, it will come as a challenge and an incentive. By all responsible citizens it should be read and discussed, and if a stimulus to thought and action is needed, no more effective awakener of the social conscience can be prescribed.

A.L.H.

The Show of Violence. By Frederic Wertham, M.D. Gollancz. 15s.

The author has already attracted much attention in America by his book *Dark Legend*. This is another study of murder and in particular of the relations of the law and psychiatry in murder. Dr. Wertham's method is to take a number of cases—no doubt well known in America, but not so to most English readers—and criticize many of the opinions, psychiatric and legal, expressed about them.

One result is certainly convincing evidence of the confusion of thought on the subject and lack of consistence in procedure; and Dr. Wertham's account written in language which is by no means cold-blooded will hold the attention of any but the most hardened sensation-monger. What is less clear is his attempt to draw practical conclusions from these cases. His first chapter, "Psychiatry in the Courtroom" poses the questions and some of the points illustrated by his series of cases are surveyed in his last chapter—"Mathematics of Murder". Many readers will be disappointed that he has not put forward more constructive suggestions; nevertheless his obvious sincerity and burning desire to improve the state of the law, and the standard of psychiatric evidence stand out throughout the book, and provide a step to the education of public opinion on this most controversial subject.

R.F.T.

The World Next Door. By Fritz Peters. Gollancz. 12s. 6d.

The publication of the *Snake Pit* written by a woman, and the subsequent success of the film of the book, raised much feeling and great interest in the management of Mental Hospitals in the United States of America. Both the *Snake Pit* and this book, written by a man, are extremely sensitive and moving.

The World Next Door gives in a very penetrating picture of the symptoms of an acute schizophrenic illness. The writer's reaction to his treatment and to the influence of the visits of his family, indicate that even after discharge from hospital, the opinions of a former patient are somewhat inclined to prevent a fully objective attitude to the situation.

Many books have been written by former patients of mental hospitals, but none has had such an effect on the public and on the mental health movements throughout the world as Clifford Beer's *A Mind that Found Itself*, and instead of films on the *Snake Pit* and the book under review, it would be extremely valuable if mental health movements were to sponsor and distribute a film of his pioneer account of the progress and treatment of a mental illness.

As a narrative *The World Next Door* is extraordinarily well told, and the reviewer was so gripped by its dramatic quality, that he did not finish it until the small hours of the morning.

A.T.

Psychology and Mental Health. By J. A. Hadfield, M.A., M.B. George Allen & Unwin Ltd., London. 18s.

This book, based on Dr. Hadfield's lectures at the University of London, is intended for the advanced student rather than the specialist. It endeavours to cover in 435 pages the author's views and experience on normal mental mechanisms, psychopathological theory and practice, and the neurotic deviations. The earlier chapters are rather tedious and the student may be left with an uneasy feeling at this stage that biological and constitutional factors are of more paramount importance than the author intends. The remainder of the book is easy, and even entertaining, to read, though there are irritating mannerisms of style such as the author's use of the pronoun "we" even in his description of clinical material. It is odd, too, to find the emasculated form "bl . . dy" occurring several times in a psychiatric textbook.

But it is over the author's psychopathological theory that most interest—and controversy—will arise. Dr. Hadfield, in the first chapter, describes himself as "belonging to no specific school of psychotherapy, though profiting by all". He accepts many of Freud's mechanisms but renounces much of his psychopathology whilst it is even harder to trace Jungian or Adlerian views. His final chapter on treatment best illustrates his ideas. He describes his method of "direct reductive analysis" in which the presenting symptom is linked back by free association with the "nuclear incident"; transference is not accepted as an essential part of the analysis situation and the emotional content of the nuclear incident "is released towards the person or experience to whom it properly belongs". This relationship between nuclear incident and presenting symptom is prominent throughout the whole book; it results in a superficially satisfying explanation of the symbolism of symptom choice, but it does not make it clear why any symptoms at all originated in the first place. His explanation of the oedipus situation as a composite of early genital stimulation interpreted in the light of adolescent sexual feelings and his

description of the super-ego apparently as a wholly pathological phenomenon, reveal the same superficial attitude towards mental mechanisms.

Dr. Hadfield's views on Mental Health and delinquency are coloured similarly and little regard is paid to the dynamics of integrating the individual to the community.

This is an interesting book and it contains much of value; but it does not convince, and one is left with the impression that the psychopathological explanations are all a little too "easy" to be true.

T.A.R.

The Ordinary Devoted Mother and Her Baby. By D. W. Winnicott, F.R.C.P. Apply "Pamphlet", 47 Queen Anne Street, London, W.1. 1s. 2d. post free.

This little book which contains nine broadcast talks given by Dr. D. W. Winnicott, is quite charming. It is a simple account of the relationship between mother and baby, explaining what each means to the other.

Dr. Winnicott takes it for granted that mothers love their babies and want to do the best for them, and his object is to help them to become aware of what they are doing and encourage them to go on, rather than to instruct them in the art of motherhood. The baby is seen as a person from the very beginning with an innate morality which needs time and opportunity to develop. The mother is encouraged to help her baby to develop his own personality in the belief that he will eventually adopt her standards of behaviour because of his love for her.

This is a booklet which could well be given to every expectant mother and which should also be read by hospital nurses, health visitors and all who are concerned with infants and young children.

C.H.S.

Ask the Children. By Lieut.-Col. Ford Thomson, M.B., Ch.B., I.M.S. (Retd.), Adviser to the Government of Madras in Child Psychology. Cassell. 15s.

Delightfully written and interesting though this book is, one gains the impression that it is based on somewhat limited experience, particularly where young children are concerned. The author appears to believe that character training is something which can be started during school age and that habits of feeding and cleanliness in infancy are matters to be dealt with by a process of conditioning. He does not seem to recognize the close relationship between early feeding and potting, and character formation. The author's approach to the delinquent is refreshing and on the whole constructive, though many would disagree with his ideas on corporal punishment which he states "has a very important place in the training of children."

C.H.S.

Report of the Departmental Committee on Children and the Cinema. H.M. Stationery Office. 3s.

The Report of the Departmental Committee on Children and the Cinema presented to Parliament in May, 1950, is a masterpiece of lucidity. From an amount of material "at first sight overwhelming", there has emerged a clear, concise and extremely readable and interesting account of the present position of children and the cinema. From this two points stand out above the rest: the large number of children affected and the importance of the cinema in many of their lives. Statistical tables drawn up from information given by different bodies give interesting facts about the attendance of different age groups, and the account of Film Appreciation courses brings to light the information and interest that the children have. "The teacher or group-leader who begins by discussing films is appealing immediately to a field of mental and emotional experience which is part of the normal everyday life of most of those in his class."

One defect of the Report, an inevitable one at this date, is that it has had to base its recommendations almost entirely on opinions. These were informed and given disinterestedly, but their great variety and contradictory nature makes the whole of Section IV (Effects of Cinema Attendance on Children Under Sixteen), of doubtful value. On the question, for instance, of the influence of the cinema in promoting juvenile delinquency, the committee can only conclude, "the link of cause and effect is unproved in a majority of cases and we remain of the opinion that deeper, subtler and more various influences are at work". Even this guarded conclusion was not found satisfactory to one member who felt bound to add a memorandum—an illustration of the indefinite quality of this part of the Report and the inability of the Committee to give much guidance here.

The Committee was conscious of the lack of factual information, and in several paragraphs it urges the need for scientifically based investigation, and at the end of the Summary of Recommendations is one headed "Research". It may be that the terms of reference did not allow for the section called "Suggestions for Research" to be included otherwise than as an Appendix, but the impression is frequently received that though due deference is paid to "research", the opinions of experienced men serve this imperfect world very well as a good second-best.

Where facts were available, the Committee has produced an excellent report alike in its wide survey of the problems and its comprehensiveness. But it was asked to report on the effects of attendance at the cinema on children and to make recommendations, and one may wonder whether it was not given an impossible task, when reliance could only be on opinion and that proved to be a most unsure guide.

P.E.W.

Varieties of Delinquent Youth. By William H. Sheldon, Ph.D., M.D., with the collaboration of Emil M. Hartl, Ph. D., and Eugene McDermott, M.A. Harper & Bros., New York, 1949. \$8.

Those who have read Dr. Sheldon's earlier works, *Varieties of Human Physique* and *Varieties of Human Temperament*, will be acquainted with his general approach to psychological problems. He aims at discovering correlations between physical characteristics and psychological qualities—a sort of neo-Kretschmerism, but with the addition of a rating scale which makes it possible to describe that majority of us who are neither this, or that, or the other, but are, in various degrees, all three at once. The present volume applies these ideas to a juvenile delinquency investigation. Two hundred boys from the Hayden Goodwill Inn, a Boston rehabilitation home for young offenders, were studied over a period of eight years. They were photographed, and their physical characteristics analysed according to Sheldon's scheme. A standardized biography of each boy, including his medical and mental history, a description of his temperament, some sketchy details of his earlier history, as well as an account of the vicissitudes through which he passed in the eight years of study, was added.

This data constitutes the greater part of the work, and if it were all, the book would be a useful reference volume for future students of delinquency, but would be too innocuous to bring forth much comment. It would be entirely uncontroversial. In fact, far from avoiding controversy, Dr. Sheldon revels in it. He has a picturesque vocabulary and a hobby horse, and rants, arms waving, after many a wild-goose in this book. He succeeds in slaying very little!

His basic premise is that "Behaviour is a function of structure", and to him, structure means physical structure. So he endeavours to relate delinquency to his physical types, and finally concludes that delinquency is connected with an incompatible mixture of types. He claims to have identified such "dysplasias" in most of his 200 cases.

Although he pays lip-service to the principle that the existence of physical factors of this sort must not eliminate from consideration the precipitating environmental factors, there is throughout the book a clear presumption that the only really significant considerations are the hereditary ones. Medical students of delinquency have often tended towards this sort of explanation, developing neat little diagnostic compartments labelled "constitutional inferior" or "constitutional psychopath" etc. In recent years there seems to have been a return to Lombrosian ideas even among more sociologically oriented investigators. The Glueck's latest book is a case in point. Yet the reasoning on which such conclusions are based is often most unscientific. Sheldon in the present volume seems to espouse theories in the crudest Lamarckian tradition. Thus he speaks of the "burgeoned" figure being deliberately

sought in America, and being fostered by over feeding . . . and then being passed on by inheritance—just like that! And if there had been any study at all of the precipitating factors, it might have appeared that the problem was not always one of the inherently maladjusted person, but often of a maladjustment in the relationship between a type of person and a type of social setting.

But perhaps it is unfair to criticize the book at this level. Sheldon offers it as an essay in psychological biography, and outside the biographies and some excellent preliminary summaries of Sheldon's earlier books setting out his general ideas on the relation between physique and temperament, it is mainly polemical. The Freudians are attacked

with great éclat, especially psycho-analytically oriented social workers. For example, one of the factors observed to be present in some of the 200 cases was the A.M.I.—the "appeal to the maternal instinct". In exchange for their social workers' protection, the boys with a high A.M.I. had learned to satisfy the need to "mother something" felt by social workers, who "most of them are frustrated women or near women". And in the light of discoveries by constitutional psychiatrists, the family is quite out-moded. "The basic change will no doubt rest on recognition of reproduction as a kind of licenced and subsidized specialty instead of a *laissez-faire* competition."

H.J.

Film Reviews

The Astonished Heart. (Starring Noel Coward, Celia Johnson, Margaret Leighton.) 89 mins.

The Astonished Heart or *Pride Goes Before a Fall*. Let all psychiatrists take a warning that the cinema teaches them, that the greater their knowledge of the human heart and mind, the greater will be the disaster of their own personal lives, and there is grave doubt whether there can be any other end for them but suicide. Dr. Milne in *Mine Own Executioner* did just avoid that, but the approved method, used by the brain specialist (James Mason) in *The Upturned Glass* and again by the psychiatrist (Noel Coward) in *The Astonished Heart* is a spectacular fall from a height, doubtless psychologically most symbolic.

Those who are not in danger, however, may see untroubled some of the greatest acting and finest production on the screen to-day. It is difficult to over-praise the acting of Celia Johnson, the psychiatrist's unglamorous wife, who makes of the ordinary, something sublime. It was, perhaps, a pity to set the scene in two such extravagant luxury apartments, for the quality of the acting did not need any extraneous material effects, but that is a small defect to set against the finish—almost the perfection—of every movement and word.

But it is the assumptions about psychology that are of interest now, and it is difficult to feel content about the assumptions made in this film. Here, the tragedy of the psychiatrist's personal life is not only the popular theme of authority dethroned, though that is a strong element. The dramatic irony of the conversations in the consulting room, of the doctor's lecture, and of his clinical observations to the woman who, he knows, is intending to captivate him, all this is part of the now familiar theme of the pompous and omniscient psychiatrist whose fall, at any rate, resembles Lucifer's. But it is

not only that the doctor was too clever, that his knowledge of the workings of his heart and mind were not matched by his power to control those workings; running through the film there seems to be an identification of psychological knowledge with the fruits of the Tree of the knowledge of Good and Evil, forbidden, on divine authority, to men. To those who transgress, there is death and damnation. The search for a Bible in the flat, and the finding of one in the possession of the cook (who seems the only happy person in the story)—the quotation from Deuteronomy, "The Lord shall smite thee with madness and blindness and astonishment of heart", as the psychiatrist sees Leonora—his complete enslavement to passion with death as the only solution—these, together with a good deal of uncertainty about the value of his treatment to his patients, make a story, the moral of which must be unacceptable to readers of *Mental Health*.

P.E.W.

Round Pegs. 16 mm. 15 mins. Central Film Library.

This is a shortened version of two films previously made on personnel selection in the Army. It is a factual document, coherent and intelligent, based on data derived from different methods of psychological investigation used in the Army to determine a man's aptitude for a particular job, his likelihood of resisting a breakdown and his general adaptability to other people. The commentary, which is clear and well spoken, ends by suggesting that a similar method might be applied in civilian life with regard to vocational guidance, the details of which, however, have still got to be worked out.

This is a well-made film, easily understandable and useful for anyone interested in psychological testing and personnel selection.

E.H.R.

Should Parents Tell ?

This film, which is sponsored jointly by the British Social Hygiene Council, and the National Baby Welfare Council, might have been really good, had it gone just a little further in some respects, and not so far in others.

The story is interesting and the standard of acting higher than in many films of this type. It shows two girls in a middle class American family, both of whose lives are spoiled by the lack of adequate sex instruction. The older girl marries, but runs away on her honeymoon. (One imagines because she cannot face the sexual side of marriage.) She eventually returns to her husband, but makes life so unbearable for him that he takes to drink, consorts with a prostitute, and infects his wife with V.D. which causes the death of their child. The younger girl has a love affair at 16, becomes pregnant and being unable to confide in her parents has an illegal operation.

Having seen this film, one is tempted to ask "what is it that parents should tell?" Is it about the sexual side of marriage, the dangers of promiscuous intercourse, the horrors of illegal operation, or how a baby is created? Although the film places on parents the responsibility for instructing their children it does not say how this should be done, or at what age.

The diagrams showing the process of fertilization and growth of the foetus are excellent but the effect is spoiled by what one must assume to be a cut at the end, as the actual birth is not shown.

It would seem that a film of this kind, to be of any constructive value, should deal with the positive aspects of sex as well as the negative and destructive side. One would have appreciated some indication as to the value of giving sex instruction as well as the dire results of not doing so. C.H.S.

Good Mothers. 16 mm. 11 mins. Central Film Library.

This is a Danish film on a Danish national organization called Mother's Help. It is a lively film, stimulating, well photographed, sympathetic, honest, not over-stating the facts but arousing one's keen admiration for this set-up in Denmark. The Mother's Help is an organization which sets out to help mothers of all classes, particularly unmarried mothers, to make provision for their children and for themselves during a period before and after the birth. It is a thoroughly enjoyable film which should be particularly helpful for social workers, health visitors, moral welfare workers and organizations dealing with mothers and in particular with unmarried mothers.

E.H.R.

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